

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7-7-05</u>		2 Serial/Patent # <u>10/519277</u>	
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>100</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND \$ <u>100</u>	
10 REASON:		8 TO BE REFUNDED BY:	
		<input type="checkbox"/> Treasury Check	
		<input checked="" type="checkbox"/> Credit Deposit A/C #: 5 0 -- 1 5 0 5 	
<input checked="" type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>John Anderson</u> SIGNATURE: <u>[Signature]</u> OFFICE: <u>PCT - OO/EO</u>		TITLE: <u>Paralegal Specialist</u> PHONE: <u>308-9140 ext 211</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: